Fill in	this information to identify your case:				only as d	irected in this form and	in Form
Debto	er 1 Edgar L. Vines, Jr.		12	2A-1Supp:			
Debto (Spous	or 2 			■ 1. There i	s no pres	umption of abuse	
Unite	d States Bankruptcy Court for the: Southern District of	of Mississippi		applies	s will be n	o determine if a presur nade under <i>Chapter 7</i>	
Case (if know	number				,	icial Form 122A-2). does not apply now be	ecause of
				qualifie	ed military	service but it could ap	ply later.
~ · · ·				☐ Check if	this is a	n amended filing	
	<u>cial Form 122A - 1</u>						
Cha	apter 7 Statement of Your Cur	rrent Mo	nthly Inc	ome			04/20
attach case n	complete and accurate as possible. If two married people as separate sheet to this form. Include the line number to womber (if known). If you believe that you are exempted frowing military service, complete and file Statement of Exempted Calculate Your Current Monthly Income	which the additio om a presumptior	nal information and of abuse because	applies. On thuse you do not	e top of a	ny additional pages, writ marily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check one or	nly.					
	■ Not married. Fill out Column A, lines 2-11.						
	☐ Married and your spouse is filing with you. Fill o	ut both Columns	s A and B, lines	2-11.			
	☐ Married and your spouse is NOT filing with you.	You and your	spouse are:				
	☐ Living in the same household and are not lega	ally separated.	Fill out both Co	lumns A and	B, lines 2	2-11.	
	☐ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading.	legally separate	d under nonbar	nkruptcy law t	that appli	es or that you and your	
10° the	I in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total buses own the same rental property, put the income from that p	nonth period would il by 6. Fill in the re	d be March 1 thro esult. Do not inclu	ugh August 31 de any income	. If the amo amount m	ount of your monthly incon ore than once. For examp	ne varied during le, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).			\$	0.00	\$	
	Alimony and maintenance payments. Do not include Column B is filled in.		·	\$	0.00	\$	
;	All amounts from any source which are regularly pa of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	t. Include regula d, your depende	r contributions ents, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession,	or farm					
			btor 1				
	Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>	-				
	Ordinary and necessary operating expenses		Copy here ->	¢	0.00	\$	
	Net monthly income from a business, profession, or far Net income from rental and other real property	m \$	Copy here ->	Ψ	0.00	Ψ	
6.	Net income from rental and other real property	De	btor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00	-				
	Net monthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
7.	Interest, dividends, and royalties			\$	0.00	\$	

Case number (if known)

			Column A Debtor 1		Column B Debtor 2 or non-filing sp	ouse	
8.	Unemployment compensation		\$	0.00	\$		
	Do not enter the amount if you contend that the amount received was a benefithe Social Security Act. Instead, list it here:	it under					
	For you\$	00					
	For your spouse \$						
9.	Pension or retirement income. Do not include any amount received that was benefit under the Social Security Act. Also, except as stated in the next senter not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injur disability, or death of a member of the uniformed services. If you received any pay paid under chapter 61 of title 10, then include that pay only to the extent t does not exceed the amount of retired pay to which you would otherwise be e if retired under any provision of title 10 other than chapter 61 of that title.	nce, do e ry or retired hat it	\$	0.00	\$		
10	Income from all other sources not listed above. Specify the source and are Do not include any benefits received under the Social Security Act; payments under the Federal law relating to the national emergency declared by the Presunder the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to a coronavirus disease 2019 (COVID-19); payments received as a victim of a waterime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, death of a member of the uniformed services. If necessary, list other sources separate page and put the total below.	made sident the ar or					
	·		\$	0.00	\$		
			\$	0.00	\$		
	Total amounts from separate pages, if any.	+	\$	0.00	\$		
11	. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$	0.00	+ \$	=	Total c	0.00
Part	Determine Whether the Means Test Applies to You						
12	. Calculate your current monthly income for the year. Follow these steps:				ſ		
	12a. Copy your total current monthly income from line 11		Сору	line 11 h	ere=>	\$	0.00
	Multiply by 12 (the number of months in a year)				•	X 1	12
						0.00	
13	. Calculate the median family income that applies to you. Follow these step	os:			·		
	Fill in the state in which you live.						
	Fill in the number of people in your household.						
	Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link sp for this form. This list may also be available at the bankruptcy clerk's office.	pecified i	in the separa	te instruct	13. lions	\$	42,414.00
14	. How do the lines compare?						
	Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> . Go to Part 3. Do NOT fill out or file Official Form 122A-2. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.						
Pari							
	By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.						
X /s/ Edgar L. Vines, Jr.							
	Edgar L. Vines, Jr.						

Edgar L. Vines, Jr.

Debtor 1

20-50808-KMS Dkt 5 Filed 05/04/20 Entered 05/04/20 17:42:37 Page 3 of 3

Debtor 1	Edgar L. Vines, Jr.	Case number (if known)	
	Signature of Debtor 1		
Dat	May 4, 2020 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form	1.	